

215040913  
62931

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 057	Agency Case No. B5-093148	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		TIME OF ACCIDENT 1612	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1613	10/06/2015	
B	75	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 48th, C to A St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		146.00		X C St.		
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	VEHICLE NO. 1				
		DRIVER LICENSE NO.	H13517800	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	1	DRIVER MAKAYLA M COAN		PHONE 402-276-0719	LOCAL NO.	
V2/N	1	DRIVER ADDRESS 5062 R St. #1118, Lincoln, NE 68504		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/03/1997
G	2	OWNER KEVIN J COAN / Robin Coan		PHONE 402-276-1031	LOCAL NO. 05-25-1966	
		OWNER ADDRESS 356 B St., Platte Center, NE 68653		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB488157
H	5	LICENSE PLATE PA NO.	10K154	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	2	VEHICLE	2002	MAKE Dodge	MODEL Stratus	BODY STYLE 4 door Sedan
V2/O	2	VEHICLE ID NO. (VIN)	1B3EL46X02N290448	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500	
		TOWED TO	TOWED BY		INSURANCE COMPANY Farmers Mutual	
		POLICY NO.		AU183983		
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.	H13413782	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER SHANTAE M LAUENROTH		PHONE 402-890-0227	LOCAL NO.	
V2/P	1	DRIVER ADDRESS 8649 W MARTELL RD, CRETE, NE 68333		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/04/1994
J	01	OWNER SHANTAE M LAUENROTH		PHONE 402-890-0227	LOCAL NO.	
		OWNER ADDRESS 8649 W Martell Rd., Crete, NE 68333		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE PA NO.	TWG920	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	4	VEHICLE	2000	MAKE Lexus	MODEL RX300	BODY STYLE Medium/large
		VEHICLE ID NO. (VIN)	JT6HF10U7Y0151060	COLOR gold	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200	
K	01	TOWED TO	TOWED BY		INSURANCE COMPANY American Family	
		POLICY NO.		0952-3260-07		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

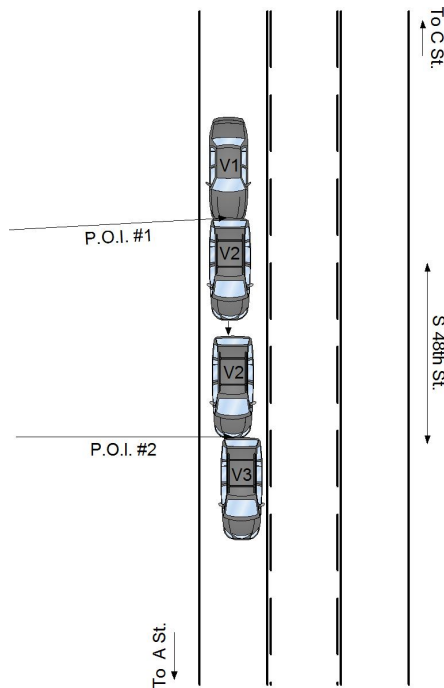
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-093148**



Indicate  
North  
by Arrow



*Not To Scale*

POI #1 - 146ft. South of South curb of C St.  
5ft. East of West curb of S 48th.  
POI #2 - 168 ft. South of South curb of C St.  
8ft. East of West curb of S 48th.  
Width - S 48th - 30ft.  
All measurements are approximate.

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V1 said she was Southbound on S 48th and saw V2 stopped in traffic ahead of her. V1 tried to stop but struck the rear of V2. V2 said she was stopped behind V3 in traffic when V1 struck her from behind. The force of the impact pushed V2 into the rear of V3.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																										
1		X			S 48th				<table border="1" style="width:100%;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>4</td><td></td><td></td></tr> </table>		-									4			<table border="1" style="width:100%;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>2</td><td></td><td></td></tr> </table>		-									2			<table border="1" style="width:100%;"> <tr><td>VEH 1</td><td>1</td><td>VEH 2</td><td>1</td></tr> </table>		VEH 1	1	VEH 2	1					
-																																															
	4																																														
-																																															
	2																																														
VEH 1	1	VEH 2	1																																												
2		X			S 48th				<table border="1" style="width:100%;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>4</td><td></td><td></td></tr> </table>		-									4			<table border="1" style="width:100%;"> <tr><td>-</td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>2</td><td></td><td></td></tr> </table>		-									2			<table border="1" style="width:100%;"> <tr><td>Driver No. 1</td><td>Driver No. 2</td><td>Pedestrian</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>N</td><td>X</td><td>N</td></tr> </table>		Driver No. 1	Driver No. 2	Pedestrian	Y	Y	Y	N	X	N
-																																															
	4																																														
-																																															
	2																																														
Driver No. 1	Driver No. 2	Pedestrian																																													
Y	Y	Y																																													
N	X	N																																													
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		ALCOHOL LEVEL TESTED																																		
2	11	07 Making U-turn			POINT OF IMPACT	01	POINT OF IMPACT	05	2 Deployed - side		2 Lap & shoulder belt used		BAC LEVEL																																		
		08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL/DRUGS SUSPECTED																																		
		09 Leaving traffic lane			00 None		02	03	4 Not deployed		4 Lap belt only used		Driver No. 1																																		
		10 Parked			01 Essentially straight ahead		04		5 Not applicable/ No airbag available		5 Child safety seat used		Driver No. 2																																		
		11 Slowing or stopped in traffic			02 Backing		05		6 Costume helmet used		6 Child booster seat used		1																																		
		12 Other			03 Changing lanes		06		7 DOT approved helmet used		7 Costume helmet used		1																																		
		13 Unknown			04 Overtaking/ Passing		07		8 Restraint use unknown		8 Restraint use unknown		1																																		
					05 Turning right		08						1 Neither alcohol nor drugs suspected																																		
							09						2 Yes - alcohol suspected																																		
							10						3 Yes - drugs suspected																																		
							11						4 Yes - alcohol & drugs suspected																																		
							12						5 Unknown																																		
							13																																								

OFFICER NO. <b>1530</b>	TROOP/TEAM/BEAT <b>NE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Seth Petersen</b>		INVESTIGATOR SIGNATURE <b>Approved by Ofc Seth Petersen</b>	DATE OF REPORT <b>10/06/2015</b>

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62931

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District  
057

Agency  
Case  
No. B5-093148

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

10/06/2015

PLACE  
OF  
ACCIDENT  
CITY

COUNTY

Lancaster

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S 48th, C to A St.

VEH. #	VEHICLE NO. 3										VEH. #			
3	DRIVER LICENSE NO.		H13585600				STATE (Of License)		NE	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	3		
M	DRIVER CLAUDIA J MORALES						PHONE		402-904-0367			1.		
01	DRIVER ADDRESS 309 W Treehaven, Lincoln, NE 68521						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		01/13/1980	18		
N	OWNER JOSE J RODRIGUEZ						PHONE		402-904-0218			2.		
1	OWNER ADDRESS 2527 N 2ND ST, LINCOLN, NE 68521						CITY, STATE, ZIP		CITATION		<input type="radio"/> YES <input checked="" type="radio"/> NO	3.		
O	CITATION NO. LB488156											3.		
2	LICENSE PLATE PA NO.		TAG301				YEAR (Plate Expires)		2015		STATE (Of Plate)	NE	4.	
P	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE	5.	
4	2005		Chrysler		Town & County		Mini van		blue		<input type="radio"/> TOTALED \$ 1200		18	
Q	VEHICLE ID NO. (VIN)		2C4GP54L05R158363						INSURANCE COMPANY				6.	
	TOWED TO						TOWED BY						POLICY NO.	35
							906151043							

VEH. #	VEHICLE NO. 4										VEH. #			
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4		
M	DRIVER						PHONE		LOCAL NO.			1.		
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.		
O	OWNER						PHONE		LOCAL NO.			3.		
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION		<input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	4.	
Q	LICENSE PLATE NO.						YEAR (Plate Expires)				STATE (Of Plate)		5.	
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE	6.	
											<input type="radio"/> TOTALED \$			
	VEHICLE ID NO. (VIN)								INSURANCE COMPANY					
	TOWED TO						TOWED BY						POLICY NO.	

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS			
VEH NO. N S E W ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 3				VEH 3 3 VEH 4			
3 X S 48th				VEHICLE 3				VEHICLE 4				VEHICLE 3				VEHICLE 4			
4				POINT OF IMPACT				POINT OF IMPACT				VEHICLE 3				VEHICLE 4			
3 11				MOST DAMAGED AREA				MOST DAMAGED AREA				VEHICLE 3				VEHICLE 4			
4				00 None				02 03 04				VEHICLE 3				VEHICLE 4			
01 Essentially straight ahead				09 Leaving traffic lane				01				VEHICLE 3				VEHICLE 4			
02 Backing				10 Parked				08 07 06				VEHICLE 3				VEHICLE 4			
03 Changing lanes				11 Slowing or stopped in traffic								VEHICLE 3				VEHICLE 4			
04 Overtaking/ Passing				12 Other								VEHICLE 3				VEHICLE 4			
05 Turning right				13 Unknown								VEHICLE 3				VEHICLE 4			

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F					
NAME ADDRESS																	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME																	
NAME ADDRESS																	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME																	
NAME ADDRESS																	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME																	

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-093148

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1530		TROOP/ TEAM/ BEAT NE		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Seth Petersen			INVESTIGATOR SIGNATURE Approved by Ofc Seth Petersen		DATE OF REPORT 10/06/2015